

SENT VIA EMAIL OR FAX ON  
Jul/04/2011

## IRO Express Inc.

An Independent Review Organization

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Jun/30/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Lumbar MRI without contrast

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

MD board certified orthopedic surgery

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines

1. Adverse determination letter 03/28/11 regarding non-authorization lumbar MRI without contrast
2. Adverse determination letter 04/19/11 regarding non-authorization appeal request lumbar MRI without contrast
3. Office visit/evaluation reports Dr. 10/21/09 through 05/26/11
4. Office visit/evaluation notes Dr. 02/24/10 through 03/30/11
5. Procedure note right L3-4 transforaminal epidural steroid injection and right L5-S1 transforaminal epidural steroid injection 03/08/11
6. EMG/NCV report 03/01/11
7. Millennium Laboratories drug screen report 05/01/10 and 02/26/10
8. Functional capacity evaluation 02/18/10
9. MRI lumbar spine without contrast 11/30/09
10. Physical therapy initial evaluation and daily progress notes 10/28/09 through 11/20/09
11. Medical record review addendum Dr. 02/21/11

#### **PATIENT CLINICAL HISTORY SUMMARY**

The injured employee is a female whose date of injury is xx/xx/xx. Records indicate she was walking and lost her balance falling forward on to her hands and knees. MRI of the lumbar spine performed 11/30/09 revealed multilevel spondylosis greatest at L3-4 where there is a broad central disc extrusion, mild spinal canal stenosis and moderate bilateral foraminal narrowing. A left subarticular disc protrusion is seen at L5-S1. There is moderate bilateral foraminal narrowing at L4-5. Mild retrolisthesis of L3 on L4 on the basis of bilateral facet osteoarthritis also was noted. The injured employee continued to complain of severe back pain and radiating right leg pain. Electrodiagnostic testing was performed on 03/01/11. This was reported as a normal study with no evidence of radiculopathy or isolated sciatic nerve injury.

A request for lumbar MRI without contrast was reviewed on 03/28/11 and was not authorized as medically necessary. The review noted that the injured employee does not want any more injections as she has not obtained relief with previous injections. EMG by Dr. revealed no radiculopathy. Lumbar MRI from 2009 was noted to show herniated disc at L3-4 and some desiccation at L4-5. The injured employee had subjective complaints of severe pain in both legs as well as right arm numbness, tingling and pain. She was not able to work. There is no physical examination. It was noted there was no indication for repeat lumbar MRI based on the above information and no physical examination done.

A reconsideration/appeal request was reviewed on 04/19/11 and determined as non-authorized as medically necessary. Rationale noted that on 03/30/11 Dr. reported straight leg raise to be positive at L3-4 to the left with diminished sensation and strength in L5 (ungraded). He also reported psychogenic and psychosomatic pain. The injured employee reported to Dr. that she suffered greatly while receiving Dr. injection. EMG was negative for radiculopathy. Dr. proposed repeat MRI on 03/17/11 but also for her to get an impairment assessment. The need for another MRI is not validated by these records.

#### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

Based on the clinical information provided, the proposed lumbar MRI without contrast is not indicated as medically necessary. The injured employee is noted to have sustained an injury on xx/xx/xx when she lost her balance and fell forward. MRI of lumbar spine performed approximately 2 months post date of injury revealed multilevel lumbar spondylosis greatest at L3-4 with a broad central disc extrusion and mild spinal canal stenosis with moderate bilateral foraminal narrowing at this level. A left subarticular disc protrusion was noted at L5-S1. At L4-5 there is a mild disc bulge with moderate bilateral foraminal narrowing. The injured employee was treated conservatively with extensive physical therapy and injections without significant improvement. Electrodiagnostic testing was performed on 03/01/11 and reported as normal study with no evidence of radiculopathy or isolated sciatic nerve injury. Dr. physical examination prior to performing EMG/NCV noted tenderness in hamstring area but no firm neurologic findings appreciated. Clinical examination revealed no evidence of progressive neurologic deficit or significant change in symptomatology. As such, there is no medical necessity for the proposed repeat lumbar MRI without contrast.

#### **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**